## L19000039866

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APPROVED AND FILED

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## **COVER LETTER**

TO: Registration So Division of Cor					
Dream Rea SUBJECT:	ulty Referral Group, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	-			
	Christic McSwain				
	Dream Realty Referral Gre	Name of Person oup LLC		-	
	6515 Evergreen Park Dr	Firm/Company		_	
	Lakeland, FL 33813	Address		2019 HAR 1 5	APPR FI
	DRREFERRALGROUP@	City/State and Zip Code gmail.com			LEO NOVED
For further information of	E-mail address: (concerning this matter, please e	to be used for future annual report notifi all:	cation)	6: 12 SIAIE FI DE	
Christic McSwain		863 450-7973			
Name C	of Person		Telephone Number	r	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dream Realty Referral Group, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/08/2019 and assigned Florida document number L19000039866 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Victoria Walker		
	411	148 Seven Oaks Dr Mulberry, Fl 33860	
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Affective date, if other tha	the date of filing:	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in t	his block does not meet the applicable statut	ory filing requirements, this date will not be listed as
locument's effective date on	the Department of State's records.	
e record specifies a del	aved effective date, but not an effe	ective time, at 12:01 a.m. on the earlier of
The 90th day after the		serve time, de 12.01 d.m. on the carrier of
, March 13	2010	
Dated March 13	. 2019	
/1/	A IMIC.	

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Typed or printed name of signee

Filing Fee: \$25.00